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| Application Number | 09/052,855 |
| Filing Date | 03/31/1998 |
| First Named Inventor | Patricia Billing-Medel |
| Art Unit | / |
| Examiner Name | / |
| Attorney Docket Number | ABB01207P01041US |

(6064.US.D1)

I hereby revoke all previous powers of attorney given in the above-identified application.

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Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature 

Name Robert DeBerardine

Date 9/7/06

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of _____ forms are submitted.

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